

**Erie County Department of Mental Health
Centralized Housing Placement System
For Supported Housing**

Procedure: CHPS SHP Application Packet

Procedure No: 3.0

Date: 9/22/03

Rev: 11/18/05, 12/27/05, 6/2/06

Page: 1 of 2

Purpose: To insure accurate completion of all necessary referral information required by CHPS to determine eligibility and provider assignment.

Procedure:

1. Each referral source must complete the 10-page Supported Housing Application as follows:

Non-homeless applicants complete pages 1-7, and 10

Homeless applicants complete pages 1-10

- a. **Page 1: Application Cover Page:** Complete the demographic data requested.
- b. **Page 2: Provider Selection Worksheet:** Complete this page to indicate the applicant's preference for 1st, 2nd and 3rd choice of housing provider.
- c. **Page 3: Risk and Financial Status Worksheet:** Complete this page to indicate the risk factors associated with this applicant's history and complete the lower half to indicate the current income and financial status.
- d. **Page 4: Medical & Health Information:** Complete this page to document other necessary housing placement criteria and significant medical or physical challenges effecting housing placement.
- e. **Page 5: Disability Verification:** Complete this page to demonstrate that the applicant meets the criteria for a significant impairment due to a severe disability. This form must be completed and signed by a licensed/credentialed professional trained to make this determination. The signature must include the credentials and the title of the individual making the determination.
- f. **Page 6 & 7: Eligibility Worksheet:** Complete this page to indicate the applicant's status/eligibility with the SPOE.
 - If the applicant is a current enrollee, check off the respective team assignment in item #1 of section A.

OR
 - If the applicant is not a current enrollee, check item #2 and proceed to Section B of this form and demonstrate their eligibility.

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OR

- If the applicant is not eligible for care coordination check item #3 in section A and proceed to the next page
 - g. **Page 8 & 9: Homeless Verification:** Complete this section to demonstrate and verify homeless per HUD program requirements for homeless housing. Attach the necessary 3rd party written verification as described on page 8.
 - h. **Page 10: Supported Housing Checklist:** Use this page to insure a complete application and attach any available psychosocial assessments.
 - i. **Initial Recommendations:** This form is to be completed by the Housing Provider and submitted to the Erie County Housing Coordinator following completion of the screening and move-in.
2. The referral source should forward all information directly to the Erie County Housing Coordinator, Mr. Eric Weigel at 856-9835 for initial assignment as indicated on page 10. Provider assignment will take place dependent on priority status, bed availability, consumer choice.